



**MaineCare**  
Health Care for Maine People

**UPDATE**

*Our vision is Maine people living safe, healthy and productive lives.*

## BRENDA HARVEY, COMMISSIONER OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Governor John E. Baldacci has sworn in the new commissioner of the Department of Health and Human Services, Brenda M. Harvey, of Gardiner. "We are very honored to have not only nominated, but to be able to swear in Brenda as the Commissioner of this department," said Governor Baldacci. "She has exhibited

leadership from day one when I took office. She has been a person who helps, who reaches out to people and who brings people together." Governor Baldacci did the swearing-in ceremony in the Governor's Office Thursday morning, April 27, 2006, with roughly 40 of Harvey's family members on hand,

including her parents and her husband, David M. Lawlor. Upon her swearing in, Commissioner Harvey will now oversee the continued implementation of major structural and financial reorganization, resulting in better service and financial accountability for health and human service functions of the State of Maine.

## PRIMARY CARE CASE MANAGEMENT (PCCM) MONTHLY PCP SITE MANAGEMENT FEE PAYMENT

The January 2006 through May 2006 Primary Care Case Management (PCCM) management fee payment for managed care has been processed. The PCCM management fee is a monthly payment of \$2.50 per member/per month for each MaineCare managed care patient enrolled at your site on the 21st of a given month. June 2006 PCCM management fee payment is scheduled to go out after the 21st of the month, as will all future months.

To find your payment on your RA, look at the end of paid claims and under the SOURCE column you will see Management Fee. Actual payment

amount will be under ADJUSTMENT AMOUNT column.

The 2005 PCCM management fee payments have been processed for December and November. October 2005 is scheduled to go out by end of June. September through March 2005 will be processed each month until all payments are up to date. February 2006 payment was sent out but was calculated incorrectly. This will be addressed at a later date. (January was processed under the old MaineCare payment system)

Please note that the Provider Remittance For MaineCare Managed Care Fee Patient Roster is mailed separately from

the actual RA. The roster reflects patient name(s) and ID number(s) reflecting MaineCare managed care patients enrolled at your PCP site as of the 21st for a given month.

Should you have any questions or concerns, please contact Department of Health and Human Services, Office of MaineCare Services, Primary Care Provider Network Services at 866-796-2463 (Toll Free Maine and New Hampshire) Extension 74827. Our fax number is 207-287-1864.



### MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Brenda M. Harvey, Commissioner • Office Of MaineCare Services • Division of Health Care Management  
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To receive this update by mail, contact Quality Management Unit at 207-287-4827  
or go to the OMS WebSite at <http://www.maine.gov/dhhs/bms/> to download.

# CONTINUING EDUCATION CREDIT NOW AVAILABLE AT BETTERDIABETESCARE WEBSITE

## Stronger Health Care Teams. Smarter Information Management.

Now available: BetterDiabetesCare, a continuing education program from the National Diabetes Education Program that allows health care providers to ask their own questions about the real challenges that affect their practice.

- How to make patient-centered team care a reality for their patients.
- How to manage patient records, payments, and other information in a way that's right for them.
- How to evaluate your outcomes and make informed decisions about improving their practice.

You choose the question, and you choose the tools and resources you need to find the answers. And by documenting the process, you can receive up to ten hours of continuing education credits from the Indiana University School of Medicine.

<http://www.betterdiabetescare.nih.gov/http://www.betterdiabetescare.nih.gov/http://www.betterdiabetescare.nih.gov/BetterDiabetesCare> is focused on how to improve the way diabetes care is delivered, rather than on the clinical care itself. The content of the website is based on current, peer-reviewed literature and evidence-based practice recommendations. It provides models, links, resources, and tools to help health care providers assess their needs, develop and plan strategies, implement actions, and evaluate results.

The continuing education credits will be awarded for reflective learning—a self-directed process that occurs in response to key issues or problems that arise in health care practice. Primary care providers, diabetes educators, specialists, office managers, and managed care organization staff can draw from appropriate sources: educational programs, websites, colleagues, literature reviews, readings, or practice assessments such as reviewing patient medical records.

"As a chronic disease, it is clear that diabetes needs to be managed with continuous, proactive, planned care rather than episodic, illness-focused care," said Dr. Kevin Peterson, representative of the American Academy of Family Physicians and chair of the NDEP Health Care Provider Work Group. "Changing the way we deliver health care can help us develop the infrastructure we need to provide the quality care that we strive for. CE credits provide another incentive to take the time to meet these important challenges."

<http://www.betterdiabetescare.nih.gov/http://www.betterdiabetescare.nih.gov/>. For a nominal fee of \$10, users of the site will receive a certificate documenting up to ten CE/CME credits per year.

Visit BetterDiabetesCare and share the site with colleagues.

If you have any questions or would like to learn more about BetterDiabetesCare and the new CE/CME program, please contact NDEP Director Joanne Gallivan.

## OLDER SMOKERS

### Who are they and how can we help them quit?

During the past few years, Partnership For A Tobacco-Free Maine (PTM), Maine's tobacco prevention and control program, has focused much of its attention on youth tobacco prevention as well as on treatment for smokers in the 18 – 44 year old age group. While these populations continue to be high priorities for PTM, it is also important to recognize there is a sizable population of smokers, age 55 and older, who indicate they would really like to quit.

According to the 2004 Maine Adult Tobacco Survey, there are over 41,000 Maine smokers above the age of 55. Most smoke a half a pack or more a day. Nearly 70% of these smokers say they would like to quit, but over half believe they will be unable to do so.

PTM believes it is critically important to do all we can to help these older smokers, because quitting at any age brings significant health benefits. That's why the Maine Tobacco HelpLine has studied this

smoking population carefully and has developed a special protocol for older smokers. This protocol provides a format for counselors to identify chronic diseases an older caller is most likely to have. This helps the specialists counsel callers about the impact of smoking on specific diseases, and provide a greater incentive for the smoker to quit. In the first full year of operation, over 50% of callers to the Maine Tobacco HelpLine were between 41 and 60 years old, and about 10% were 60 or over. From January 2003–December 2004, 43% of users served by the HelpLine were ages 45–64, and 6% were 65 or over. Proportionate to the population of smokers, more women call the HelpLine.

HelpLine treatment specialists have also found that the triggers for smoking among older people are mainly loneliness, boredom, lack of rest, and alcohol use. So in addition to providing cessation counseling that helps older smokers quit, community groups and agencies should also

explore developing strategies and providing programming that helps these smokers become more physically active and more engaged in social groups.

### Facts About Older Smokers:

- Quitting is beneficial at any age.
- Smoking contributes to more than 400,000 deaths per year in the US. (CDC)
- Smoking cessation programs can have substantial impact on public health even if small numbers quit. (NIH)
- Tobacco is linked to more than 20 diseases and is the cause of death for half of lifelong smokers.
- 41,062 people over age 55 now smoke cigarettes.

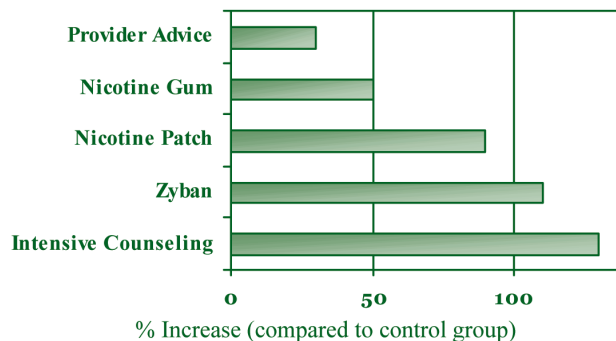
Approximately 70% of smokers who are age 55+ smoke over a half a pack of cigarettes per day. 24% smoke over a pack a day.

All health professionals play an essential role in helping patients stop tobacco. Most smokers want to quit, and half of smokers make a serious attempt each year. Without effective treatments — counseling and medications — long term-success with quitting is difficult.

Clinicians and staff can provide supportive messages and deliver brief counseling to all tobacco users. The first step is to routinely ask about tobacco use and interest in quitting. Interventions can then be individually tailored to a patient's motivation to change. Using this strategy enhances patient-provider interactions, and is more effective.

Remember: quitting is a *process*. Tobacco use is complex, chronic and relapsing. Tobacco dependence starts during teenage years. Permanent quitting can be preceded by multiple periods of abstinence. Stay positive and offer treatments to those wanting to change.

**% Increase in 1-Year Quit Rates with Various Treatments**  
Summary of Randomized Controlled Trials



From: Fiore MC et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: US Dept of HHS, Public Health Service. June 2000.

**Public Health Service Practice  
Guidelines for the Treatment of  
Tobacco Use and Dependence**

**ASK about and document tobacco use**

- Use vital sign, stamp or chart summary.

**ADVISE quitting**

- Be clear, avoid lecturing.
- Connect problems to smoking.

**ASSESS interest in quitting**

- ASK, “Are you interested in quitting in the next 6 months?” “Are you ready to quit in the next 30 days?”

**ASSIST with quitting**

- Educate about withdrawal symptoms.
- Offer treatments—meds, counseling.
- If ready to try, set a quit date. If not ready, encourage talking about smoking. Use open-ended questions.

**ARRANGE follow-up**

- Plan for relapse—praise *any* success.

If Patients Say:	Approaches	You Can say
I don't want to quit	<ul style="list-style-type: none"> <li>• Legitimize difficulty</li> <li>• Encourage <u>talking</u> about smoking</li> <li>• Remind them you'll bring it up again</li> </ul>	“Quitting can be hard.” “Have you tried to quit?” “How did it feel?” “Can we talk next visit?” “Treatments are available.”
I want to quit but not now	<ul style="list-style-type: none"> <li>• Identify reasons to quit</li> <li>• Discuss past quitting</li> <li>• Praise any abstinence</li> <li>• Educate about treatment</li> <li>• Offer help when ready</li> </ul>	“Many smokers have quit.” “What might motivate you to try to quit?” “Counseling and medications can help you.” “See us when you're ready”
I want to quit	<ul style="list-style-type: none"> <li>• Set a quit date</li> <li>• Identify coping strategies</li> <li>• Offer medication</li> <li>• Refer to counseling</li> <li>• HelpLine: <b>800-207-1230</b></li> <li>• Follow-up after quit date</li> </ul>	“Pick a date to quit.” “Medications decrease withdrawal symptoms.” “How will you cope with urges to smoke?” “I want to hear from you.”
I tried to quit and relapsed	<ul style="list-style-type: none"> <li>• Change “failure” into a small “success”</li> <li>• Recognize a <i>slip</i> vs. a true relapse</li> <li>• Set another quit day</li> <li>• Remain supportive</li> </ul>	“You did a great job staying off cigarettes.” “What would you do differently next time?” “There's help if you're ready again.”

# NORMAN CURTIS JOINS OMS AS DIRECTOR OF CUSTOMER SERVICE

We are pleased to announce that Norman Curtis has joined the Office of MaineCare Services (OMS) as the Director of Customer Service. Norman grew up in Belfast, Maine, and now lives in West Rockport with his wife and two daughters. He earned his bachelor's degree in Political Science from Bates College. He has spent the past 13 years at MBNA America, where he held a wide variety of management positions, all of them focused on internal and external

customer satisfaction. His most recent position was First Vice President in the TeleServices division where he oversaw quality assurance for MBNA's worldwide call center questions. Norman will use his experience to build an infrastructure at OMS that will support and advance customer service for our members, providers, and staff. He will start by bringing together several units from multiple divisions that all interface with our customers. These units include

Provider Relations, Billing and Information, Provider File, and some help desk functions. By linking these units in the division of Customer Service, Norman will ensure that staff who are primarily responsible for supporting and responding to complex service and billing inquiries from our customers have the knowledge, tools, and resources to accurately and thoroughly resolve those inquiries in a timely and efficient manner.

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## OMS NEW EMAIL ADDRESS

The Office of MaineCare Services has implemented a new email address: or, [bms.referencefile@maine.gov](mailto:bms.referencefile@maine.gov), to assist you in requesting changes to procedure codes, revenue codes, ICD9 surgical codes, and ICD9 diagnosis codes. These changes include, but are not limited to, place of service changes, coverage of a code or changes to rates.

Please do not use this email address to ask questions about denied claims or to verify data on file. You will need to continue to call the previously posted numbers for assistance.

Submitting a request does not guarantee that the change requested will be made

Generally, these requests will be reviewed on a quarterly basis by BMS staff. The exception will be for requests made for changes to places of service. Because our former system only held 18 local places of services and MECMS has all current standard places of service, the crosswalk to the expanded places of service did not cover all scenarios.

The following information is needed to send a request:

- Provider Name and Provider ID#
- Contact Name and Telephone Number/Email Address

- Detailed information about what is being requested, including codes, why the change is being requested and any specific date issues.

If you are requesting a non-covered service be considered, additional medical justification will be required. Please be as detailed as possible. We will be developing a protocol at a later date.

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## TDAP

Approved on 04/13/2006 and retroactive to 01/01/2006, MaineCare now pays for procedure code 90715, Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine (Tdap), administered intramuscularly for individuals 7 years or older, up to their 21st birthday.

## ELECTRONIC COMMUNICATIONS FROM MAINECARE:

Sign up for communications from MaineCare through provider mailing list at: [Provider@lists.maine.gov](mailto:Provider@lists.maine.gov)

<http://mailman.informe.org/mailman/listinfo/provider>

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## CONTACT Us

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On the web: <http://www.maine.gov/dhhs/bms>

Previous issues of the MaineCare Primary Care Provider Update: <http://www.maine.gov/dhhs/bms> Select Provider within the Bureau Information box, then Primary Care Physician Incentive Payment (PCPIP) and click on The MaineCare Primary Care Provider Update link where you will find the past Updates.